

**HIV/STD Clinical Resources Division
Contractor Risk Assessment Tool**

DATE: ____/____/____

AGENCY: _____

MOST RECENT REVIEW DATE: ____/____/____

REVIEWER: _____

The information for the risk assessment tool can be obtained through site monitoring visits, technical assistance visits and other information provided to TDH.

| Historical | | True | False | N/A |
|--|--|-------------|--------------|------------|
| 1. | The most recent site visit to monitor quality occurred in compliance with the most recent risk assessment findings. | | | |
| *2. | Grantee has previously been monitored by CRD for this or other grants. (existing service contractor). | | | |
| 3. | Corrective plan was not recommended following the most recent visit | | | |
| *4. | The follow-up report on the corrective action plan required at the prior visit was submitted by the agency as required. | | | |
| *5. | An appropriate corrective action plan to correct each problem was submitted as required, the action plan was considered satisfactory, and/or the required corrective action(s) were taken. | | | |
| 6. | The agency has not had a valid complaint in the past year related to case management and/or clinical services. | | | |
| *7. | There has not been a validated complaint(s) about the agency regarding an immediate and/or serious threat to a client(s) within the past 6 months. | | | |
| *8. | The agency was not sanctioned by the Bureau within the past year. | | | |
| Standards | | | | |
| Administrative Fees and Eligibility | | True | False | N/A |
| *1. | The agency provides services regardless of ability to pay. | | | |
| 2. | The agency has a process to conduct income screening for appropriate service referral/reimbursement. (e.g., Medicaid, private insurance, etc.). | | | |
| Personnel | | True | False | N/A |
| 1. | The agency has had the same key administrative personnel for the past year. | | | |
| 2. | The agency has had consistent staffing for clinical and/or case management services for the past year. | | | |
| 3. | The agency employs personnel appropriate for the case management and/or clinical services delivered. | | | |
| *4. | The agency has not had an identified problem with the skill level and/or necessary qualifications of staff since the previous site review. | | | |
| *5. | The agency has appropriate supervision of clinical and/or case management staff. | | | |
| Reporting | | True | False | N/A |
| 1. | Reports do not indicate a significant reduction in the number of clients served. | | | |
| 2. | Reports do not indicate a significant increase in the number of clients served. | | | |
| 3. | The agency meets EIP reporting requirements. | | | |
| Service Delivery | | True | False | N/A |
| 1. | The agency has not added service delivery sites or expanded clinical, case management or other significant services since the last monitoring visit. | | | |
| 2. | The agency has not closed service delivery sites or has not had a decrease in clinical, case management or other significant services since the last monitoring visit. | | | |
| 3. | The agency has not had a change in location of service delivery sites. | | | |
| 4. | The waiting time for clients to access routine services is not greater than 2 weeks. | | | |
| 5. | There is an adequate system for referring clients for acute care and/or emergency services. | | | |
| 6. | Staffing levels are appropriate to the agency's caseload. | | | |

| Clinical | | True | False | N/A |
|--------------------------------------|---|-------------|--------------|------------|
| Standards for Client Services | | | | |
| *1. | The agency meets the minimum standards for clinical services provided to clients. | | | |
| *2. | The agency has not had three or more repeat findings from the previous review, or has not had a repeat finding on any one minimum standard from the previous visit. | | | |
| Health Records | | True | False | N/A |
| 1. | Documentation of services by agency staff meets minimum standards for medical record system evaluation. | | | |
| 2. | The management of health records (i.e., security, organization, access to records) by the agency is appropriate. | | | |
| Case Management And Outreach | | True | False | N/A |
| 1. | The agency coordinates client services with other local agencies. | | | |
| *2. | The agency meets minimum standards for case management provided to clients. | | | |
| Quality Assurance | | True | False | N/A |
| *1. | The agency assures a resource for HIV related primary health care is provided for all clients in the health service delivery area. | | | |
| *2. | If the agency provides clinic-based services, all protocols and/or standing delegation orders are signed by the appropriate oversight person(s). | | | |
| 3. | A consumer/customer satisfaction survey is conducted and results of the survey are used to improve client care and/or services. | | | |
| Comments | | | | |
| | | | | |

TOTALS:

False=** _____ Any agency that has one “False**” will receive a Priority I rating.

False= _____ Any agency that has “**False**” on 20% or more of the total applicable criteria will receive a Priority II rating.

Any agency that has “**False**” on less than 20% of the total applicable criteria will receive a Priority III rating.

Results of HIV/STD Clinical Resources Division Risk Assessment:

Priority I: _____

Priority II: _____

Priority III: _____

Revised: April 4, 2001

Original: May 2, 1997